PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address: and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

maintenance tee notiticat	10115.								
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
2292 7590 06/18/2010									
DIDCH STEW	T L	Certificate of Mailing or Transmission							
BIRCH STEWART KOLASCH & BIRCH, LLP					eby certify that the	is ree(s) Transmittal is being	deposited with the United	
PO BOX 747					I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below				
FALLS CHURCH, VA 22040-0747					transmitted to the USPTO (571) 273-2885, on the date indicated below.				
•								(Depositor's name)	
								(Signature)	
			Į.					(Date)	
APPLICATION NO. FILING DATE		FIRST NAMED INVEN		ror	ATTO		NEY DOCKET NO.	CONFIRMATION NO.	
10/537.098 12/29/2005		Hendrikus Theodorus W		entie	ntiens		09-0155PUS1	8819	
TITLE OF INVENTION: PRINTING MODULE, AND PRINTING MACHINE PROVIDED WITH SUCH PRINTING MODULE									
					•				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300		\$0		\$1810	09/20/2010	
EXAM	INER	ART UNIT	CLASS-SUBCLASS	\neg					
BANH, DAVID H		2854	101-480000	101-480000					
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list									
CFR 1.363).	(1) the names of up to 3 registered patent attorneys 1 Birch, Stewart,								
Change of corresponded Address form PTO/SB	or agents OR, alternatively, (2) the name of a single firm (having as a member a 2 Kolasch & Birch, LLP								
		registered attorney or agent) and the names of up to							
"Fee Address" indi PTO/SB/47; Rev 03-0 Number is required.	2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
MPS Holding B.V.			Didam, Netherlands						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government									
4a. The following fee(s) a	Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)								
Issue Fee			A check is enclosed.						
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of Copies Four (4)			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 022448 (enclose an extra copy of this form).						
		····	overpayment, to D	epos	it Account Numbe	r <u>0224</u>	48 (enclose an	extra copy of this form).	
5. Change in Entity Status (from status indicated above)									
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.									
interest as shown by the r	scords of the United Sta	tes Patent and Trademark	k Office.	au u	e applicant, a regi	sicicu ai	torney or agent, or me		
Authorized Signature Date September 16, 2010									
Typed or printed name	·	Registration No. 43,368							
		TD 1 211 The informati	on in required to abtain	05.				by the LICPTO to access	
an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V	ation is required by 37 Citality is governed by 35 d application form to the ons for reducing this buringinia 22313-1450. DC	U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the NOT SEND FEES OR	on 1.14. This collection is depending upon the interest of the collection of the Complete of the collection of the col	s esti ndivi fficer S TO	mated to take 12 nd tale and co., U.S. Patent and 'THIS ADDRESS	ninutes mments Tradema S. SEND	to complete, including on the amount of time of the amount of time of the complete, U.S. Departo: Commissioner for the complete complete complete commissioner for the complete commissioner for the complete commissioner for the complete complete commissioner for the complete c	by the USPTO to process) g gathering, preparing, and he you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450,	
Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.									